



Fax Cover Sheet/Check List

Borrower Name: _____
Please Print

Co-Borrowers Name: _____
Please Print

Loan Number(s): _____

- Owner Occupied Non-Owner Occupied

Required Documentation for Borrower and Co-Borrower

For all clients:

- Any foreclosure notices or correspondence from your lender (court, sheriff or Trustee sale notifications)
 - Intake Form, Mortgage Assistance Forms and Dodd Frank Certification
 - Detailed hardship letter (including what caused the problem, the date the hardship begin, what you've done to resolve it, and if you want to keep your home).
 - Spending Plan, NFMC Checklist and Disclosure
 - Income verification: 1 month of most recent consecutive Pay-stubs, Proof of additional income (child support, alimony, SSI, disability, rental income, etc.)
 - Bank statements for the last two months (All Pages)
 - Completed 4506-T (Request for transcript of tax returns)
 - Tax Returns for the current year (1040 and W-2s) [for all borrowers - if more than one] (Signed)
 - Last mortgage statements (1st and 2nd mortgage)
 - Homeowner Association Statements, House Insurance (if applicable)
 - Copy of most recent Utility Bill (Electric, Gas or Water Bill)
- * Print your loan number on all documents**

Additional if you are Self-Employed:

- Profit & Loss Statement for the last quarter (Signed and Date)
 - Tax Returns for the last two years (1040 and W-2s) [for all borrowers - if more than one] (Signed)
 - Business Taxes for the last two years (if applicable) (Signed)
 - Business Bank Statement for the last two months (All Pages) (if applicable)
- * Print your loan number on all documents**

-Circle one-

- Red** Trustee Sale Date **Orange** Over 60 Days Late **Yellow** Less then 60 Days Late **Clear** Current

Fax completed package to: 703-580-8842

3138 Golansky Blvd., Suite 202 Woodbridge, Virginia 22192
Phone: 703-580-8838 Fax: 703-580-8842 Email: Help@FirstHomeAlliance.org
www.FirstHomeAlliance.org



Intake Form

Client Information				
Name Borrower		<input type="checkbox"/> Check if a Military Veteran?		SSN:
Name Co-Borrower		<input type="checkbox"/> Check if a Military Veteran?		SSN:
Birth date (Borrower)		Birth date (Co-borrower)		
Property Address				
Home Phone	Cell Phone	Work Phone	E-Mail	
Race				
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian and other Pacific Islander <input type="checkbox"/> Multiple Races				
Ethnicity		Family Size	Head of Household	
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Other _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mortgage Information				
				Owner Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Lender/Servicer		Loan No (s)		
1. _____		# _____		
Loan Type <input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable		Principal and Interest payment		
Interest rate		Escrowed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list tax amount and insurance		
Purchase Date	Refinance Date	How many months behind?	Total amount due (including past due amounts)	Reason for Hardship
Has lender initiated foreclosure proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sale Date if foreclosure is scheduled	Is Bankruptcy being considered? <input type="checkbox"/> Yes <input type="checkbox"/> No	How much do you have saved to put toward your arrears?	
Second Mortgage Information				
Name of Lender/Servicer		Loan No (s)		
2. _____		# _____		
Loan Type <input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable		Principal and Interest payment		
Interest rate		Escrowed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list tax amount and insurance		
Purchase Date	Refinance Date	How many months behind?	Total amount due (including past due amounts)	
Has lender initiated foreclosure proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sale Date if foreclosure is scheduled	Is Bankruptcy being considered? <input type="checkbox"/> Yes <input type="checkbox"/> No	How much do you have saved to put toward your arrears?	



Dependents

Name	Age	Relationship

Income

Borrower Wage Income	\$
Borrower Part Time or Secondary Income	\$
Borrower Additional Income	\$
Co-Borrower Wage Income	\$
Co-Borrower Part Time or Secondary Income	\$
Co-Borrower Additional Income	\$
Rental Income (if applicable)	\$
Other Sources of Income (Identify)	\$
Other Sources of Income (Identify)	\$
Total Monthly Income	\$

Employer		Self-Employed Y___ N___	
Date start ____/____/____ mm/dd/yyyy	Date End ____/____/____ mm/dd/yyyy	Yrs in Profession:	
Title:		Business Type:	
Address:		City:	
State:	Zip Code:	Phone Number:	

Print Name (Borrower)

Print Name (Co-Borrower)

Signature

Signature



Name: _____

Loan No: _____

Current Date

Loss Mitigation Specialist

Re: John and Joan Borrower
271 Lake Street
Dover, Delaware 12345
Loan number: 987654321

This letter is to support our application for a workout plan that will keep our house from going into foreclosure and get our mortgage payment back on track. We have lived in our home for _____ years and we would like nothing more to work hard to keep it.

We fell behind on our mortgage payments due to loss of income, due to _____ (divorce, debt in the family, etc...) which started on _____ (date the hardship began). We had a very hard time dealing with our debts, as well as managing household expenses, which has become overwhelming. With the help of First Home Alliance, Inc a local non-profit housing agency, we have analyzed our current financial situation and have put together a strict spending plan that balances our monthly income and expenses.

We will be able to start making mortgage payments again soon. We have saved about \$ _____ toward the mortgage as of _____. We had hoped to use this money as part of a plan to get caught up on our payments.

Our financial information is enclosed with this letter. If we can have a forbearance plan that involves payments of no more than \$ _____, we know we can make it. You will see that we have minimized all our expenses and it is most important to us to keep this home. Please put yourself in our position and try to help. We thank you very much for any effort you can make.

Please contact our Loss Mitigation Counselor, _____ at (703)580-8838 Ext _____

Sincerely,
John Borrower (YOUR NAME)
Signature and Date

NOTE: Please keep content of this letter under 3 quarters of a page.



Name: _____

Loan No: _____

Action Plan

Reasons for Delinquency or danger of becoming delinquent:

- Loss or decrease of income
- Unexpected increase in expenses
- Loan Reset
- Other factors, specify: _____

Assessment of property's condition: Excellent Average Fair Poor

Is the equity in the property? Yes No If so, how much? _____

Explain how this amount was calculated: _____

For counselor use only

Result of homeowner's financial assessment: _____

- Curable (Loan modification, repayment, forbearance, partial claim, etc...)
- Incurable (Discuss foreclosure in general, sale of the property, deed in lieu, short sale, and possible tax consequences and/or deficiency judgment issues, etc...)

Recommendation to resolved delinquency: _____

Homeowner's steps to resolve the delinquency: _____

Counselors steps to assist in the process: _____

Community referrals or other contacts to assist homeowner: _____

- Enroll in Financial Literacy Classes
- Legal Services

If my Debt-to-Income ratio is over 55%, I WILL attend a mandatory counseling session in compliance with my lenders guidelines.

Next session will be held on: DATE: _____

Borrower (Print)

Signature

Co-Borrower (Print)

Signature

Housing Counselor (Print)

Signature



Name: _____ Loan No: _____

AUTHORIZATION FORM

Borrower: _____

SSN (Last 4 digits): _____ DOB: _____

Co-Borrower: _____

SSN (Last 4 digits): _____ DOB: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: _____ Email: _____

Mortgage Loan Servicer: _____ Conventional FHA VA

Phone: _____ Fax: _____

First Home Alliance Housing Counseling Department Representatives: Charlene Watkins-Byrd, Kaleta Lassiter, Larry Laws, Serena Watkins, Sondra Jones, Leonardo Martinez, Alexander Sherron
Telephone: (703)580-8838 Option 4 Fax: (703)580-8842 Email: HELP@FirstHomeAlliance.org

I hereby authorize **First Home Alliance** representatives to speak on my behalf regarding my mortgage loan with the lender and/or servicer that has servicing responsibilities for my loan. Furthermore, I authorize First Home Alliance to pull credit reports to evaluate my credit for housing counseling purposes.

I authorize the lender and/or servicer to notify First Home Alliance in the event that my loan payments become delinquent in the future, if the lender or servicer chooses to provide this service.

I understand that First Home Alliance provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.

I understand that First Home Alliance receives Congressional funds through HomeFree-USA (HFUSA) and Virginia Housing Development Authority (VHDA) for the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to (a) submit client-level information to the DCS for this grant, (b) allow HFUSA, VHDA and NFMC to open files to be reviewed for program monitoring and compliance purposes, and (c) allow HFUSA, VHDA and NFMC to conduct follow-up with client related to program evaluation.

I acknowledge that I have received a copy of First Home Alliance's Privacy Policy.

I give permission for HFUSA, VHDA and NFMC program administrators and/or their agents to follow up with me within 3 years for the purpose of program evaluation.

Borrower Signature Date

Co-Borrower Signature Date

Housing Counseling Agency Representative Date

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